| PATENT APPLICATION FEE DETERMINATION SECOND Effective October 1, 2000 | | | | | | | | | Application or Doctost Number | | | | |
|---|----------------------------------|---|--------------------------------------|------------------------------|--|------------------|-------|---------------------|-------------------------------|--------|------------------|------------------------|--|
| | | | | | | | | | જાગ્યર્સ phuit જગ્યત | | | | |
| | | | | | | | | | K L'U.U | PH | uit c | 22.6 | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL EI | | OR | OTHER SMALL I | | |
| TOTAL CLAIMS | | | 20 | | | | | RATE | FEE | Î | RATE | FEE | |
| FOR | | | NUIGER FILED | | NUMBER EXTRA | | | Basic Fee | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 70 minus 20= | | - 6 | | | X5 9- | | 08 | X\$16- | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 - | | | | | X40= | | OR | X80= | | |
| MALI | TIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | 08 | +270- | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 7/9 | |
| 2/2 LYSCLAIMS AS AMENDED - PART B | | | | | | | | | | اسر | OTHER | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | ENTITY | OR | SMALL | | |
| MTA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREYS PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADOI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MENDMENT | Total | 06 | Minus | 6 | O | | | X\$ 9= | · | OR | X\$18= | | |
| | Independent | • 3 | Minus | (| 3 | | | X40- | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR. | +270= | | |
| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL | | |
| | (Column 1) (Column 2) (Column 9) | | | | | | | | | ,,,, | ADDIT. FEE | | |
| | 1 × 1 × 2 | CLAIMS | 1 4 July 19 | FUG | IEST | | ነ | <u> </u> | ADDI | 1 | | ADDI- | |
| OMENT B | | REMARKIS AFTER AMENDMENT | | PREV | IGER IOUSLY FOR | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL | |
| 3 | Total | .20 | Minus | . 6 | 70 | - / | | X8 9= | | OR | X\$18= | | |
| MEN | Independent | . 3 | Minus | *** | 3 | •/ | 1 | X40- | | OR | X000= | | |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | L | +135= | | OR | +270= | | |
| 1 | Lie C | 160 | いつ | | | | | ADDIT, FEE | | OR | ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| MC | | CLAIMS REMAINING AFTER AMERICMENT | | PREY | HEST HISER HOUGLY DIEOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | .00 | Minus | | () | - / | 1 | X5 9= | T-FEE- | OR | X\$18- | 755 | |
| AMENDMEN | İndependent | . 3 | Minus | *** | 3 | • |] · | X40- | | 1 | X80= | | |
| Ľ | PREST PRESE | NTATION OF N | IVLTIPLE DE | ENDE | IT CLAIM | |] | | | OR | - | | |
| | | | | | | | | | | OR | +270 | | |
| "If the eathy in column 1 is less than the eathy in column 2, water "O" in column 3. "If the "Tighest Number Previously Paid For" bit THES SPACE is less than 2, eathr "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE | | | | | | | | | | | | 190 | |
| " | The Tighest Ru | men Providually P iber Providually P | rest rest ut titl sid for (fotsle | o arrica Lindapor | n and the state of | n of each of | ber A | ound in the a | pproprieta bi | m pr c | olymn 1. | | |

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